| PCT                                                                                                                                                                                                                                                                                                                     | For receiving Office use only                                                                |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--|--|--|
| 101                                                                                                                                                                                                                                                                                                                     |                                                                                              |  |  |  |
| ·                                                                                                                                                                                                                                                                                                                       | International Application No.                                                                |  |  |  |
| REQUEST                                                                                                                                                                                                                                                                                                                 |                                                                                              |  |  |  |
| •                                                                                                                                                                                                                                                                                                                       | International Filing Date                                                                    |  |  |  |
| The undersigned requests that the present international application be processed                                                                                                                                                                                                                                        |                                                                                              |  |  |  |
| according to the Patent Cooperation Treaty.                                                                                                                                                                                                                                                                             | Name of receiving Office and "PCT International Application"                                 |  |  |  |
| ·                                                                                                                                                                                                                                                                                                                       | Applicant's or agent's file reference (if desired) (12 characters maximum) 61.S3502WO21      |  |  |  |
| Box No. I TITLE OF INVENTION                                                                                                                                                                                                                                                                                            |                                                                                              |  |  |  |
| An axial fan                                                                                                                                                                                                                                                                                                            |                                                                                              |  |  |  |
|                                                                                                                                                                                                                                                                                                                         | is also inventor                                                                             |  |  |  |
| Name and address: (Family name followed by given name; for a legal enti<br>The address must include postal code and name of country. The country of the<br>Box is the applicant's State (that is, country) of residence if no State of residen                                                                          | no address indicated in this                                                                 |  |  |  |
| SPAL AUTOMOTIVE S.r.I.                                                                                                                                                                                                                                                                                                  | Facsimile No.                                                                                |  |  |  |
| Via per Carpi, 26/B<br>42015 CORREGGIO<br>ITALY                                                                                                                                                                                                                                                                         | Teleprinter No.                                                                              |  |  |  |
| 11051                                                                                                                                                                                                                                                                                                                   | Applicant's registration No. with the Office                                                 |  |  |  |
| State (that is, country) of nationality:  ITALY  State (that is, country) of residence:  ITALY                                                                                                                                                                                                                          |                                                                                              |  |  |  |
| This person is applicant for the purposes of:  all designated the United States                                                                                                                                                                                                                                         | States except the United States of America only the States indicated in the Supplemental Box |  |  |  |
| Box No. III FURTHER APPLICANT(S) AND/OR (FURTH                                                                                                                                                                                                                                                                          |                                                                                              |  |  |  |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) |                                                                                              |  |  |  |
| SPAGGIARI Alessandro                                                                                                                                                                                                                                                                                                    | applicant only                                                                               |  |  |  |
| Via Leonardo da Vinci, 8                                                                                                                                                                                                                                                                                                | applicant and inventor                                                                       |  |  |  |
| 42015 CORREGGIO<br>ITALY                                                                                                                                                                                                                                                                                                | inventor only (If this check-box is marked, do not fill in below.)                           |  |  |  |
|                                                                                                                                                                                                                                                                                                                         | Applicant's registration No. with the Office                                                 |  |  |  |
| State (that is, country) of nationality:                                                                                                                                                                                                                                                                                | State (that is, country) of residence:                                                       |  |  |  |
| ITALY                                                                                                                                                                                                                                                                                                                   | ITALY                                                                                        |  |  |  |
| This person is applicant all designated for the purposes of:  all designated the United States all designated the United States                                                                                                                                                                                         |                                                                                              |  |  |  |
| Further applicants and/or (further) inventors are indicated on                                                                                                                                                                                                                                                          | a continuation sheet.                                                                        |  |  |  |
| Box No. IV AGENT OR COMMON REPRESENTATIVE;                                                                                                                                                                                                                                                                              |                                                                                              |  |  |  |
| The person identified below is hereby/has been appointed to act on of the applicant(s) before the competent International Authorities as                                                                                                                                                                                | representative                                                                               |  |  |  |
| Name and address: (Family name followed by given name; for a legal entity, The address must include postal code and name of cou                                                                                                                                                                                         | full official designation. Telephone No. 051 6583311                                         |  |  |  |
| BIANCIARDI Ezio, LANZONI Luciano                                                                                                                                                                                                                                                                                        | Facsimile No.                                                                                |  |  |  |
| BUGNION S.p.A. Via Goito, 18                                                                                                                                                                                                                                                                                            | 051 6583400                                                                                  |  |  |  |
| 40126 BOLOGNA                                                                                                                                                                                                                                                                                                           | Teleprinter No.                                                                              |  |  |  |
| ITALY                                                                                                                                                                                                                                                                                                                   |                                                                                              |  |  |  |
| HALI                                                                                                                                                                                                                                                                                                                    | Agent's registration No. with the Office                                                     |  |  |  |
|                                                                                                                                                                                                                                                                                                                         | agent or common representative in the beautiful and a data                                   |  |  |  |

|                                                                               |                                                                                                      | Sheet No. 2                                                   |                                                        |                                                           |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------|
| Box No. V DESIGNA                                                             | TIONS                                                                                                |                                                               |                                                        |                                                           |
| The filing of this request co filing date, for the grant of                   | nstitutes under Rule 4.9(a), t<br>every kind of protection avail                                     | the designation of all Contable                               | racting States bound by t                              | the PCT on the internations                               |
| However,                                                                      | •                                                                                                    |                                                               | , for the grant of both for                            | gional and hadonal pacend                                 |
| DE Germany is not o                                                           | lesignated for any kind of nat                                                                       | ional protection                                              |                                                        |                                                           |
| <u></u>                                                                       | ea is not designated for any ki                                                                      |                                                               |                                                        |                                                           |
| _                                                                             | on is not designated for any k                                                                       | -                                                             |                                                        |                                                           |
| (The check-boxes above ma<br>the national law, of an earli                    | y be used to exclude (irrevocab<br>er national application from w<br>us in these and certain other S | oly) the designations concer<br>which priority is claimed S   | rned in order to avoid the<br>See the Notes to Box No. | ceasing of the effect, unde<br>V as to the consequences o |
| Box No. VI PRIORITY                                                           | CLAIM                                                                                                |                                                               |                                                        |                                                           |
| The priority of the following                                                 | g earlier application(s) is hereb                                                                    | by claimed:                                                   |                                                        |                                                           |
| Filing date                                                                   | Number                                                                                               | Where earlier application is:                                 |                                                        |                                                           |
| of earlier application (day/month/year)                                       | of earlier application                                                                               | national application:<br>country or Member<br>of WTO          | regional application:* regional Office                 | international application receiving Office                |
| item (1) 03 February 2004 (03.02.2004)                                        | BO2004A000047                                                                                        | ITALY                                                         |                                                        |                                                           |
| item (2)                                                                      |                                                                                                      |                                                               |                                                        |                                                           |
| item (3)                                                                      |                                                                                                      |                                                               |                                                        |                                                           |
| Further priority claims                                                       | are indicated in the Supplemen                                                                       | ntal Box.                                                     |                                                        |                                                           |
| The receiving Office is reque<br>the earlier application was fit<br>above as: | ested to prepare and transmit to<br>led with the Office which for th                                 | o the International Bureau a<br>ne purposes of this internati | a certified copy of the ear                            | clier application(s) (only if ecciving Office) identified |
| all items ite                                                                 | em (1)                                                                                               | item (3)                                                      | other, se                                              | e Supplemental Box                                        |
| * Where the earlier application                                               | on is an ARIPO application, in<br>ember of the World Trade Org                                       | dicate at least one country                                   | party to the Paris Conver                              | ntion for the Protection of                               |
| ·····                                                                         | ······································                                                               | ganization jor which that ea<br>                              | arlier application was file                            | ed (Rule 4.10(b)(ii)):                                    |
| Box No. VII INTERNAT                                                          | IONAL SEARCHING AUT                                                                                  | HORITY                                                        |                                                        |                                                           |
|                                                                               | rening Authority (ISA) (if tw<br>the Authority chosen; the two-                                      |                                                               | arching Authorities are o                              | competent to carry out the                                |
|                                                                               | the Authority chosen; the two-                                                                       |                                                               |                                                        | in poson to our ly our me                                 |
| Request to use results of ear                                                 | rlier search: reference to the                                                                       |                                                               | erch has been carried out                              | by an manufacted from the                                 |
| mernational Searching Autho                                                   | rity):                                                                                               |                                                               | ·                                                      | y or requested from the                                   |
| Date (day/month/year)                                                         | Numbe                                                                                                | r Countr                                                      | y (or regional Office)                                 | •                                                         |
| Box No. VIII DECLARAT                                                         | IONS                                                                                                 |                                                               |                                                        |                                                           |

Box No. VIII (i)

Box No. VIII (ii)

Box No. VIII (iii)

Box No. VIII (iv)

Box No. VIII (v)

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable

Declaration as to the identity of the inventor

date, to claim the priority of the earlier application

date, to apply for and be granted a patent

Declaration as to the applicant's entitlement, as at the international filing

Declaration as to the applicant's entitlement, as at the international filing

Declaration of inventorship (only for the purposes of the designation of the

Declaration as to non-prejudicial disclosures or exceptions to lack of novelty

check-boxes below and indicate in the right column the number of each type of declaration):

United States of America)

Number of

declarations

| Box No. IX CHECK LIST; LANGUAGE                                                                                                                                     | OF FILING                                                                                                                                                            |                    |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--|--|
| This international application contains:  (a) in paper form, the following number of sheets:                                                                        | This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item): | Numbe<br>of item   |  |  |
| request (including declaration sheets) : 3                                                                                                                          | 1. <b>K</b> fee calculation sheet                                                                                                                                    | :                  |  |  |
| description (excluding                                                                                                                                              | 2. 🗶 original separate power of attorney                                                                                                                             | :                  |  |  |
| sequence listing and/or                                                                                                                                             | 3.  original general power of attorney                                                                                                                               | :                  |  |  |
| tables related thereto) : 6                                                                                                                                         | 4. Copy of general power of attorney; reference number, if any:                                                                                                      |                    |  |  |
| claims : 2 abstract 1                                                                                                                                               | 5.  statement explaining lack of signature                                                                                                                           |                    |  |  |
| duomin                                                                                                                                                              | 6. In priority document(s) identified in Box No. VI as                                                                                                               | •                  |  |  |
| Sub-total number of sheets: 2                                                                                                                                       | Item(s): (1)                                                                                                                                                         | :                  |  |  |
| sequence listing                                                                                                                                                    | 7. translation of international application into (language):                                                                                                         |                    |  |  |
| tables related thereto :                                                                                                                                            | 8. separate indications concerning deposited microorganism                                                                                                           |                    |  |  |
| (for both, actual number of<br>sheets if filed in paper form,                                                                                                       | or other biological material                                                                                                                                         | :                  |  |  |
| whether or not also filed in computer readable form;                                                                                                                | 9. sequence listing in computer readable form (indicate type and number of carriers)                                                                                 |                    |  |  |
| see (c) below)                                                                                                                                                      | (i) copy submitted for the purposes of international search under the Rule 13ter only (and not as part of the international application).                            | cation):           |  |  |
| (b) only in computer readable form                                                                                                                                  | (ii) (only where check-box (b)(i) or (c)(i) is marked in left column additional copies including, where applicable, the copy for                                     | ı)<br>or the       |  |  |
| (Section 801(a)(i))                                                                                                                                                 | purposes of international search under Rule 13ter                                                                                                                    | :                  |  |  |
| <ul><li>(i) ☐ sequence listing</li><li>(ii) ☐ tables related thereto</li></ul>                                                                                      | (iii) together with relevant statement as to the identity of the cocopies with the sequence listing mentioned in left column                                         | ppy or<br>:        |  |  |
| (c) also in computer readable form (Section 801(a)(ii))                                                                                                             | 10. tables in computer readable form related to sequence listing (indicate type and number of carriers)                                                              |                    |  |  |
| <ul> <li>(i) ☐ sequence listing</li> <li>(ii) ☐ tables related thereto</li> </ul>                                                                                   | (i) copy submitted for the purposes of international search un Section 802(b-quater) only (and not as part of the internat application)                              | der<br>ional       |  |  |
| Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the                                                                            | (ii) (only where check-box (b)(ii) or (c)(ii) is marked in left column additional copies including, where applicable, the copy for                                   | n)<br>r the        |  |  |
| sequence listing:                                                                                                                                                   | purposes of international search under Section 802(b-quai                                                                                                            | ter) :             |  |  |
| ☐ tables related thereto:                                                                                                                                           | (iii) together with relevant statement as to the identity of the co copies with the tables mentioned in left column                                                  |                    |  |  |
| (additional copies to be indicated under<br>items 9(ii) and/or 10(ii), in right column)                                                                             | 11.  other (specify):                                                                                                                                                | . :                |  |  |
| Figure of the drawings which                                                                                                                                        | Language of filing of the                                                                                                                                            | <del></del>        |  |  |
| should accompany the abstract.                                                                                                                                      | international application: ENGLISH                                                                                                                                   |                    |  |  |
| Next to each signature, indicate the name of the person sign                                                                                                        | C, AGENT OR COMMON REPRESENTATIVE using and the capacity in which the person signs (if such capacity is not obvious from rea                                         | ding the request). |  |  |
|                                                                                                                                                                     | <u></u>                                                                                                                                                              |                    |  |  |
|                                                                                                                                                                     | 2.012 - 1                                                                                                                                                            |                    |  |  |
|                                                                                                                                                                     | Burguous Charles                                                                                                                                                     |                    |  |  |
| (Ezio BIANC                                                                                                                                                         | CIARDI) - Agent                                                                                                                                                      |                    |  |  |
| ·                                                                                                                                                                   |                                                                                                                                                                      | i                  |  |  |
| Discontinuo                                                                                                                                                         | For receiving Office use only                                                                                                                                        |                    |  |  |
| <ul> <li>Date of actual receipt of the purported international application:</li> </ul>                                                                              | 2. D                                                                                                                                                                 | rawings:           |  |  |
| . Corrected date of actual receipt due to later by                                                                                                                  |                                                                                                                                                                      | received:          |  |  |
| <ul> <li>Corrected date of actual receipt due to later by<br/>timely received papers or drawings completing<br/>the purported international application:</li> </ul> | st                                                                                                                                                                   |                    |  |  |
| Date of timely receipt of the required corrections under PCT Article 11(2):                                                                                         |                                                                                                                                                                      | not received:      |  |  |
| . International Searching Authority (if two or more are competent): ISA /                                                                                           | 6. Transmittal of search copy delayed until search fee is paid                                                                                                       | į                  |  |  |
| For International Bureau use only                                                                                                                                   |                                                                                                                                                                      |                    |  |  |
| Date of receipt of the record copy by the International Bureau:                                                                                                     |                                                                                                                                                                      |                    |  |  |
|                                                                                                                                                                     |                                                                                                                                                                      |                    |  |  |

## PCT

## POWER OF ATTORNEY

(for an international application filed under the Patent Cooperation Treaty)

(PCT Rule 90.4)

| The und      | ersigned applicant(s) (Names should be indicated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ated as they appear in the request):                                                         |         |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------|
| SPA          | L AUTOMOTIVE S.r.l.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CDACCTART Alexand                                                                            |         |
|              | per Carpi, 26/B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SPAGGIARI Alessandro                                                                         |         |
|              | 15 CORREGGIO (REGGIO EMILIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Via Leonardo da Vinci, 8 42015 CORREGGIO (RECCIO EMILIA)                                     |         |
| ITAI         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 42015 CORREGGIO (REGGIO EMILIA) ITALY                                                        |         |
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·                                                                                            |         |
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·                                                                                            |         |
| hereby ar    | ppoints (appoint) the following person as:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              |         |
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| Name an      | d address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |         |
| (Family no   | ame followed by given name; for a legal entity, ful                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | all official designation. The address must include postal code and name of co                | untry.) |
| BIANCI       | IARDI Ezio, LANZONI Luciano                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Marque .                                                                                     |         |
| Via Goi      | ON S.p.A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |         |
|              | BOLOGNA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ·                                                                                            |         |
| ITALY        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |         |
| . ]          | <i>:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | •                                                                                            |         |
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| to represe   | nt the undersigned before                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | all the competent International Authorities                                                  |         |
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | the International Searching Authority only                                                   |         |
| · .          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | the International Preliminary Examining Authority only                                       |         |
| in connect   | ion with the international application identifi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Sad balan                                                                                    | ļ       |
|              | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              |         |
|              | Title of the invention: An axial f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | fan                                                                                          |         |
|              | Applicant's or agent's file reference:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 61.S3502WO21                                                                                 |         |
|              | International application number (if al                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | dready available):                                                                           | .       |
| filed with t | he following Office International Burea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | UL OF WIPO - GENEVA                                                                          |         |
| and to mak   | e or receive payments on behalf of the under                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | rsigned. as receiving Of                                                                     | ffice   |
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|              | the capacity in which the person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | its, each of them must sign; next to each signature, indicate the name of the person signing | ig and  |
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | signs, if such capacity is not obvious from reading the request or this power):              | ŀ       |
|              | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | • •                                                                                          | .       |
|              | SPAL AUTOMOTIVE S.r.l.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                              |         |
| 1            | <b>)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                              | İ       |
| 1 K          | DDU J? -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                              | 1       |
| (Alessand    | SPAGGIARI) - Sole Director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (Algorithm States)                                                                           |         |
|              | V , and the contract of the co | (Alessandro SPAGGIARI)                                                                       |         |
|              | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | V                                                                                            | ].      |
| Date: Fe     | ebruary 1st, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              |         |
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| Form PCT/MA  | idel of nower of otto-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                              |         |
|              | del of power of attorney (for a given internation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | onal application) (July 1992)                                                                |         |